

Running head: PLACEMENT STABILITY OF CANADIAN ABORIGINAL CHILDREN

**Foster Parenting Practices that Improve the Placement Stability of Canadian  
Aboriginal Youth in State Residential Foster Care**

by Norman Rusty Whitford

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**Acronyms and Symbols**

Acronym	Definition of Acronym
BC	British Columbia
CIC	Child or youth in care
CFCSA	Child Family and Community Services Act
FP	Foster parent
MCFD	Government of British Columbia, Ministry of Children and Family Development
Plea	Plea Community Services Society
RSC	Residential Services Coordinator

**Abstract**

Residential instability, or disruptions with children and youth in state-funded foster care, is a common occurrence with large financial and human costs. There is little Canadian or British Columbian (BC) research on what risk and protective factors and what foster parent practices create placement stability with Aboriginal children in [foster] care (CIC). This study was based on qualitative interviews with five veteran foster parents who have 48 years of combined caregiver experience serving BC Aboriginal youth with complex behaviours. The foster parents identified relationship practices between the foster parent, CIC, social worker, and the child welfare agency that were either a risk or protective factors for residential placement stability of their Aboriginal children. Foster parents reported utilizing specific practices of attachment, empathy, and communication that improved relationship building. Understanding what relationship-building practices reduce disruptions with CIC can inform both agency policy and foster parent and social worker training.

*Keywords:* disruptions, foster parents, Aboriginal, placement stability, Canadian,



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## **I. Introduction**

Studies have shown how the emotional investment from foster parents with children in [foster] care (CIC) increases placement stability (Carnochan, Moore, & Austin, 2013, p. 237). Oosterman, Schuengel, Wim Slot, Bullens, and Doreleijers (2007) reported that multiple factors across multiple domains are associated with stability or disruptions requiring foster care practice “to focus on multiple domains for management and support” (p. 74). Researchers have historically examined how personal characteristics, relationships, and agency practices underpin placement stability and disruptions of CIC. Several researchers have reported that placement disruptions have negative effects on a child’s “immediate and long-term wellbeing” (Font, 2015, p. 99). This is important, as disruptions demoralize foster parents and result in an expenditure of many person hours and resources to remedy. Both higher medical and mental health costs are associated with CIC who have experienced disruptions (Rubin et al., 2004). I have experienced and observed how multiple factors influence placement stability, including child welfare agencies, social workers, CIC, and foster parents. My key definitions of terms such as children, youth, and foster parents are provided in Appendix A.

Research has examined the risk and protective factors contributing to placement stability of non-Aboriginal CIC. However, there is a dearth of research that examines what factors influence the placement stability of Aboriginal children in the child welfare system. Filling this gap in the research is important, as the Government of British Columbia, Ministry of Children and Family Development (MCFD; 2014) reported that 49% of the 8,100 British Columbia CIC are Aboriginal (p. 1). There is an overrepresentation of Aboriginal CIC without any research examining what underpins their placement stability while in care. Research has examined a variety of relationship dyads and systems that underpin stability. Oosterman et al. (2007) noted

that studies have shown stability is associated with the positive relationships between the birth parents, CIC, social workers, and foster parents. Furthermore, Geiger, Hayes, and Lietz (2013) noted that difficulty navigating the child welfare system was a reason foster parents' would discontinue providing care (p. 1363).

The aim of this study was to examine what foster parent practices, relationships and supports underpin the placement stability of Canadian Aboriginal youth in care. This is important, as the literature review will discuss how youth are at a higher risk of disruption than those children who are under the age of 13. Eggertsen (2008) reported that youth are at a higher risk of disruptions than children. Canadian research has established how positive relationships create placement stability for CIC; however, that research has not been linked to the specific care of any culture or age group, including Aboriginals. Additionally, studies have not examined the protective factors in the placement stability of Aboriginal children or youth. Secondary questions for this study included: What supports and services do British Columbia (BC) foster parents need from the child welfare system to improve the placement stability of Aboriginal youth in care?

This study examined the parenting practices of five veteran BC foster parents providing care for Aboriginal youth in care with challenging behaviours. This research also examined what supports and services are needed to underpin placement stability of Aboriginal youth in care. Aboriginal youth in care and the child welfare agencies may benefit from this research by identifying what services or supports may reduce disruptions of both Aboriginal children and youth. Additionally, the findings may be beneficial by changing the foster parent training to incorporate parenting and relationship-building practices that improve placement stability of youth.

Over the last five years, I have been a child protection social worker and a resource social worker whose role involves provision of support services to current foster parents. I also recruit, process, and conduct interviews with those who wish to become foster parents. I am Métis, and for eight years, I have served as a foster parent for Aboriginal youth with complex special needs, including FASD.

My cultural parenting practices include the unconditional acceptance of a child in care's behaviours and to not give up on them at all costs. In my view a child in care is an extension of my family and is included and supported by the entire family beyond the age in which they are no longer legally a child in care by the state.

## II. Literature Review

This literature review identifies the success factors associated with state residential placement stability of CIC. I also examine the literature for the risk factors associated with the disruptions or expulsions of those children from their residential care as the two are linked. However, some background information is necessary to understand our child welfare social policies and practices in Canada and British Columbia.

The phenomenon of CIC negatively exiting a state-contracted residential home and relocating to a different residential home due to an unplanned reason has been referred to in the literature as: disruptions, placement breakdown, instability, and the number of placement changes. Holtan, Handegård, Thørnblad, and Vis (2013) defined placement disruption as “the phenomenon when a foster-home agreement is terminated and a child in state custody (on care orders) must move to another foster family or residential care” (p. 1088). Some researchers have defined disruptions as “an unplanned placement change (disruption, dissolution, or breakdown) occurs when a care situation is prematurely or unintentionally terminated by any party (foster caregivers, child welfare authorities, or potentially a youth in care)” (Sallnas, Vinnerljung, & Westermarck, as cited in Pelech, Badry, & Daoust, 2013, p. 122). In their meta-analysis, Oosterman et al. (2007) reported that “this body of research is complicated by the divergence in terminology and definitions of placement breakdown, placement success, placement failure and placement instability” (p. 55).

Provincial legislation makes it mandatory for children and youth under the age of 19 years to be *removed* from their guardians and placed into state/provincial residential care if it is deemed necessary to ensure their safety and/or protection. In BC, the Child, Family and

Community Service Act (1996) is the provincial legislation stipulating the burden of proof that must be met by a social worker for a removal to occur.

In my personal knowledge as a resource social worker, the state-funded residential homes for CIC are referred to as a *resource* commonly known as a foster home. Two residential models exist in BC, which include: (a) independent residential foster homes with a full-time caregiver(s) called foster parents; and (b) “group homes,” which are residential facilities with rotating shifts of employed staff providing care. Every foster home has a resource social worker whose sole responsibility is to provide supports to the foster parents independently from the social worker, who provides supports to the CIC.

There are many contributing factors associated with disruptions and placement stability of CIC. Some scholars report an increase of CIC. For example, the increase of child welfare caseloads in Canada and the United States of America is outstripping the available FP homes (Ferris-Manning & Zandstra, as cited in Brown, 2008, p. 538). However, researchers have reported that CIC are spending longer time in care, than in previous years (Barbell & Freundlich, as cited in Brown, 2008, p. 538). In BC, the shortage of foster parents is becoming a crisis. MCFD (2014) reported that 70% of the FP homes that began to provide care in 2008 had ceased providing services within five years (p. 1). Some researchers believe that disruptions are linked to FP attrition, as studies have reported that disruptions are the leading cause for FP attrition (Fischer et al., Leschied et al., as cited in Brown, 2008, p. 539). Consequently, understanding how to prevent disruptions and improve placement stability is necessary in order to curb the BC FP shortage and improve the well-being of CIC.

Three steps were utilized in identifying relevant literature for this review. First, major contributions from leading journals were identified through searching for key terms, such as

foster care, foster parenting, disruptions, breakdowns, and Aboriginal. Second, I searched backward by reviewing the citations for the articles identified in the first step. Finally, I searched forward by using Science Direct's citation index which uses an algorithm to identify and recommend similar articles read by the same viewers of the article being currently cited. Four general themes were identified: (a) characteristics of children-in-care, foster parents, and the FP home environment; (b) relationships between the foster parents, children in care, and CIC's birth family; (c) social worker relationships with foster parents and child-in-care; and (d) agency practices and support services.

### **Characteristics of Children in Care, Foster Parents, and Foster Home Environment**

The first identified theme in the literature pertains to the characteristics of the CIC, the foster parents and the home environment as factors influencing placement stability of CIC. Early scholars focused on identifying the personal characteristics of people as indicators of future placement stability or disruptions. Placement instability has been directly linked to the personal characteristics of both children/youth in care and foster parents (Carnochan et al., 2013, p. 237). From an ecological theory perspective, research was limited to demonization of an individual person and not the complex systems discussed later, that encapsulates the individual.

**Characteristics of children in care.** A review of the literature indicated that behaviour, mental health, age, and gender are personal characteristics or risk factors that may generate disruptions for CIC. A review of the literature indicated that behaviour influences disruptions. Those CIC with behavioural problems are at a higher risk for disruptions (Carnochan et al., 2013, p. 237). However, others reported that behaviour and emotional problems together influence disruptions. Koob and Love (2010) correlated disruptions to the emotional and behavioural problems of CIC. However, behaviour is the most common denominator for disruptions. Koh,

Rolock, Cross, and Eblen-Manning (2014) reported that 32% of disruptions were the result of the behavioural problems of CIC.

Understanding what types of behavioural disorders cause disruptions has been at the centre of some research. Externalized behaviours such as aggressiveness or hyperactivity have been identified as a cause of disruptions. Increased externalizing behaviours are responsible for shorter stays and multiple disruptions (James, Landsverk & Slymen, 2004). Strijker, Knorth, and Knot-Dickscheit (2008) reported that statistically significant findings with CIC whose externalized behaviours were positively correlated to disruptions. Some externalizing behaviours include attention deficit hyperactive disorder (ADHD). Those children with ADHD are more challenging for foster parents to manage (Rock, Michelson, Thomson, & Day, 2015, p. 188). In my experience, state funds are provided to mental health and not behavioural problems of BC CIC. James et al. (2004) reported that the focus of energy and funds is with post-traumatic stress disorder and attachment disorders and not the behavioural problems that are the source of the disruptions. Consequently, some scholars examined the association of mental health and disruptions.

There is a prevalence of mental health problems within the general and overall child and youth population of BC. Waddell, Shepherd, Schwartz, and Barican (2014) reported that 12.6% of BC children and youth ages four to 17 years of age “are likely experiencing clinically significant mental disorders” with only 31% receiving specialized mental health services (p. 2). In my experience, it is common for CIC to have an unknown mental health condition that is usually addressed upon admission into care. Egelund and Lausten (2009) reported that 20% of the 1,072 children in their study had at least one psychiatric diagnosis.



Depressive symptoms of CIC are related to disruptions. Depression is a common factor in disruptions (Barth et al., 2007, p. 52). In fact, depression and anxiety are the most common denominators of CIC. In a longitudinal study Koh et al. (2014) reported that placement disruptions were eight times more likely of the 61 CIC who had received a newly diagnosed mental health problem (p. 41). Other scholars have studied the effects that a child in care's mental health may have on their behaviour. Eggertsen (2008) reported that of the 6,400 CIC in his study, their mental health was positively associated with behavioural problems and "doubled the likelihood of three or more placements" (p. 80).

Mental health problems can manifest and become more associated with behavioural problems and disruptions of CIC. Mental health is a risk factor and "crisis" requiring continuous monitoring and assessment (Harpin, Kenyon, Kools, Bearinger, & Ireland, 2013, p. 115). The ongoing monitoring and assessing of a child in care's mental health cannot become a long-term solution as they may become at risk of disruption while waiting for services. Those youth in care who do not receive the mental health supports are at greater risk of placement instability (Carnochan et al., 2013, p. 237).

Scholars have studied disruptions in relations to age and gender. Several reported that 38-54% of all youth placements result in disruptions (Sallnas, Vinnerljung, & Westermarck; Egelund, as cited in Andersen, 2014, p. 1546). In their meta-analysis, Rock et al. (2015) also reported that disruptions increase with age. In my experience, there is fear associated with the care of youth, as foster parents have stated to me that they prefer caring for younger children they can physically and verbally control. Barth et al. (2007) reported that noticeable disruptions of CIC occur around the age of 11. The age of admission into care is a risk factor for disruptions. Koh et al. (2014) reported that those who entered state residential care as children (under 12) had fewer

disruptions than those who entered at an older age. Although the literature may point to the characteristics of CIC as a causal factor for disruptions, there are other factors that contribute to disruptions, including the characteristics of foster parents.

**Characteristics of foster parents.** The personal characteristics of the FP may be either a protective or risk factor associated with the placement stability of CIC. These personal characteristics include their parenting practices, commitment, and family stressors. Understanding how these characteristics influence disruptions guided the design of this study.

A review of the literature indicated positive FP practices influence placement stability. Stability is achieved through tolerance, emotional involvement, child centered practices, kindness, affection, and flexibility (Rock et al., 2015, p. 195). Crum (2010) reported that high parental support of CIC, effective communication, and effective limit setting may reduce disruptions. Inflexibility of the FP is a risk factor. Doelling and Johnson (1990) reported that increases in disruptions occur when inflexible foster parents are matched with a child's negative mood (pp. 590–591). Furthermore, restrictive or negative foster parenting practices increase the likelihood for disruptions. Crum reported that disruptions increase when foster parents have rigid rules, seek less input from a CIC, and have the perception of a FP as “in charge” (p. 189). In BC, no physical discipline or shaming practices are allowed with CIC. James (2004) reported that an increase in disruptions has been associated with excessive discipline, and emotionally punitive FP behaviours directed at CIC (p. 613).

Scholars have studied how FP commitment towards CIC influences their placement stability. Dozier and Lindhiem (2006) reported that a positive association was found between infant placement stability and a foster parent's long-term commitment; however, a negative association was found between FP commitment and the number of previous CIC placements

(p. 343). Koh et al., (2014) reported fewer disruptions when foster parents committed to the long-term legal permanence of CIC. Scholars have studied how commitment affects the behaviour of CIC and foster parents. Child behaviour was found to be significantly associated with FP commitment (Lindhiem & Dozier, 2007, p. 361). Dozier (2003) report that foster parents reciprocated avoidance behaviours with infants when infants pushed away their nurturing attempts (p. 255). A positive association was found between a foster parent's commitment and his/her quality of coping with the behaviours of a CIC; furthermore, their acceptance of a CIC was positively associated with that child's "ability to generate constructive solutions for dealing with separations from attachment figures" (Ackerman & Dozier, 2005, p. 516).

Stress within the FP family influences the behaviour and placement stability of CIC. Foster parents who experience stressful life events are at high risk for disruptions. The personal changes in a foster parent's life (e.g., health, moving, divorce, new job, etc.) cause stress and disruptions in 37% of foster homes (Koh et al., 2014, p. 41). International studies supported these findings. Foster parent stress and a child's behaviours are risk factors for disruptions (van Rooij, Maaskant, Weijers, Weijers, & Hermanns, 2015, p. 135). Scholars have examined how FP stress affects CIC. Fisher and Stoolmiller (as cited in Healey & Fisher, 2011) reported that "caregiver stress has been shown to interfere with a child's behaviour and physiological stabilizations" (p. 1827). Conversely, strong supports and a healthy lifestyle can reduce stress and behaviours that affect disruptions. Buehler, Cox, and Cuddeback (2003) reported that a strong cooperative marriage with open communication contributes to placement stability. Caregiver stability is a protective factor for CIC with behavioural problems. In their longitudinal study, Proctor, Skriner, Roesch, and Litrownik (2010) reported that a "stable positive adjustment [of CIC] was positively associated with caregiver stability" (p. 470).

**Characteristics within the foster home environment.** The characteristics within the foster home environment affect placement stability of CIC. One such characteristic is the number of children in the home. Canadian foster parents have considered ending a placement if there were “too many children at once” in the home (Brown & Bednar, 2006, p. 1508). Conversely, researchers have examined how fewer placements affect stability. In a longitudinal study, Olsson, Egelund, and Høst (2012) reported that disruptions increase when “caring for more than one youth in the same unit” (p. 19); furthermore, having no other children in the home is a stability factor (p. 19).

Researchers have examined the influence of gender on disruptions. Denby, Rindfleisch, and Bean (1999) reported that the number of male children in the home was a disruption factor. However, researchers hypothesize that gender plays no role and that disruptions are correlated to the number of behaviours and children in the home. Chamberlain et al. (2006) reported that a child with seven misbehaviours per day, living with four other children is 130% more likely to have a disruption than a similar child with no other children present (p. 419).

Placing siblings together is a placement stability factor. As reported by Leathers (2005, p. 810), siblings with consistent joint placements had fewer disruptions (36%); conversely, those separated from their previous joint sibling placements had greater disruptions (65%). Researchers have examined the division of siblings. Leathers reported that sibling separation is due to behaviour and mental health problems (38%), lack of foster homes (33%) or risk of sexual abuse (6%) (p. 807). Recent researchers supported Leathers’s conclusions, noting that sibling separation is sometimes due to sibling abuse (Gustavsson & MacEachron, as cited in Miron, Sujana, & Middleton, 2013, p. 1389). However, caution is necessary when interpreting the

literature. In their meta-analysis, Oosterman et al. (2007) reported that the sheer diversity of sibling placements make analysis inconclusive.

### **Relationships between Foster Parents, Children in Care, and Birth Family**

The second theme identified in the literature was the quality of attachment and relationships between the foster parents, children in care, and the birth parents of children. Canadian foster parents recognize the importance of having a positive relationship with the birth parents of CIC. Brown and Campbell (2007) reported that foster parents identify a positive relationship with a birth parents as important. Some researchers have examined the positive relationship practices with the birth family. Berrick and Skivenes (2012) reported that a foster parent's empathy, humility, respectful communication, and understanding of the important role of the birth family help build a positive relationship. Recent research indicates how disruptions are linked to relationships. Koh et al. (2014) reported that disruptions are linked to relationship problems between the foster parents and the birth parents.

In my experience, a positive relationship with the birth parents is not always in the interests of the CIC or foster parent. Children who sustained family abuse or maltreatment and refuse visits with their parents have greater placement stability (Farmer et al., as cited in Sinclair, Wilson, & Gibbs, 2005, p. 245). The inappropriate behaviour of birth parents increases disruptions, as birth parent behaviour can be responsible for increasing FP stress and leading to some disruptions (Leschied, Rodger, Brown, den Dunnen, & Pickel, 2014, p. 27). James (2004) reported that complaints, allegations, threats, and harassment of foster parents have resulted in an increase of stress and a 4.8% disruption rate (pp. 613–614). In BC, social workers and the courts determine the frequency of visitations by assessing safety and not the quality of the visit with the child. Oosterman et al. (2007) reported that the frequency of visits is examined within the

literature and is incorrectly considered to be a predictor of placement stability; however, the quality of the visit should determine stability.

**Relationships between children in care and foster parents.** Investing in an emotional and supportive relationship between the foster parent and CIC, influences placement stability. Carnochan et al. (2013) reported that those who emotionally invested with CIC had fewer disruptions. Researchers have studied the effects of not providing a supportive relationship. Koob and Love (2010) reported a direct association between disruptions and poor relationships, noting that a supportive relationship reduces behaviours and disruptions. Denuwelaere and Bracke (as cited in O'Neill, Risley-Curtiss, Ayón, & Williams, 2012) reported that those who feel supported had less behavioural problems (p. 1252). Therefore, researchers have sought to determine what constitutes a supportive parenting practice. As noted by Rock et al. (2015), fewer disruptions occur when practicing unconditional caring, patience, family acceptance, encouragement, and positive communication and when providing academic support (pp. 195–196). However, despite those who practice with a supportive relationship, disruptions continue, thus requiring researchers to examine other risk factors.

Foster parents who additionally build attachment with CIC have greater placement stability (Rock et al., 2015). Oosterman and Schuengel (2008) reported that parental sensitivity is positively associated with secure attachment. Investment of future FP attachment with CIC is contingent on the attachment reciprocated from the CIC. As noted by Milan and Pinderhughes (2000), relational behaviour between the FP and CIC is associated with the foster parent's perception of the emotional quality from the CIC (p. 78). This finding is instrumental, as it indicates an FP will reduce his or her emotional investment if not reciprocated, thus causing behavioural problems and possible disruptions. Researchers have reported similar findings with

regard to attachment with infants. Stovall-McClough and Dozier (as cited in Lindhiem & Dozier, 2007, p. 363) reported a negative association between FP nurturing and infant behaviours.

Unfortunately, I have observed a disruption occur when a CIC with an attachment disorder did not reciprocate attachment with the foster parent.

### **Agency Practices and Support Services**

The third theme identified in the literature is related to how the macrosystem of the child welfare agency influences disruptions through its power relationships over the smaller dyadic relationships. Deficits in a child welfare agency's training, administration, supports, and relationships with the social worker influence disruptions. Based on their study of 100 BC foster parents, Leschied et al. (2014) reported the top reasons for Canadian BC foster parents discontinuing their services as "agency red tape (38%), lack of support services (32%), and conflict with the child's social worker (26%)" (p. 71). This study will shed light on both the shortage of BC foster parent homes and disruptions.

Child welfare administrative actions were responsible for placement disruptions. Shlonsky, Bellamy, Elkins, and Ashare (as cited in Miron et al., 2013) reported disruptions are linked to agency administration such as "policy and procedures, staffing shortages, department support in planning for siblings, personal beliefs of social workers and foster parents, placement resources [homes], and a lack of financial resources" (p. 1389). Canadian agency red tape or administration issues were identified as a risk factor for disruptions. In their study with 100 BC foster parents, Leschied et al. (2014) noted the most common reason for poor BC foster parent retention, as agency red tape (38%). Understanding the causes behind FP retention is important, as this has led to the disruptions. Leschied et al. found governmental red tape as a contributing factor to disruptions in all provinces across Canada.

**Supports.** Deficits in agency support services create feelings of FP inequity causing poor retention and disruptions. Equity theory explains why foster parents may continue or discontinue their services. Adams (as cited in Rodger, Cummings, & Leschied, 2006) reported “that the central issue in equity theory involves evaluating the fairness of a situation through social comparison and is based on subjective experience” (p. 1131). Consequently, foster parents attempt to restore equity balance by asking for financial and other supports from the child welfare agencies when they are having challenges with a CIC. Harder (as cited in Rodger et al., 2006) theorized that perceived inequity is restored in three ways: “(a) outcomes (what one receives from jobs) can be altered objectively or psychologically; (b) inputs (contribution in effort, and time) can be altered objectively or psychologically; or (c) a person can leave the situation or withdraw psychologically” (p. 1131).

Equity theory may explain why numerous Canadian foster parents may discontinue their services or disrupt a child’s placement. Foster parents would disrupt a placement if the “foster care agency was unresponsive” in providing supports (Brown, 2008, p. 541). In a qualitative study, Daniel (2011) noted that foster parents would cease their services if agencies did not provide supports. In the author’s experience there are limited supports available for foster parents in BC. The inequity of BC foster parents is apparent with the majority of those polled indicating their consideration to cease in providing future services. Leschied et al. (2014) report that 69% of the 100 BC foster parents polled are considering discontinuation of their services due to low “satisfaction with how challenging parts of fostering are resolved” and low to moderate satisfaction with agency workers (p. 71). These data represent BC’s input into Leschied et al.’s (2014) national study of 900 foster parents who provided input from each province across Canada. International studies have found that foster parents want more supports. In their work



with 1,528 foster parents, Sinclair, Gibbs, and Wilson (2005) reported that foster parents indicated they would cease their services, causing a disruption, if child welfare agencies failed to provide supports or did not respond promptly or sympathetically to emergencies.

In BC, a foster parent may seek respite or relief, which is an approved temporary caregiver to care for the CIC either in the foster parent's home or in the relief person's home. According to Foster Parenting Fraser Region (n.d.), relief is defined as "in-home and out-of-home alternative caregiving arrangements for a CIC provided for a caregiver" (para. 13) by another foster parent or approved person. The provision of relief can be instrumental in preventing a disruption. Meloy and Phillips (2012) reported a positive association between placement stability and relief services. Despite the literature reporting the benefits to placement stability, the author is aware that BC foster parents must broker and finance their own relief amongst shortages of finances and relief workers. Additionally, relief services act to prevent burnout of foster parents and prevent disruptions. Geiger et al. (2013) noted that 33% of 649 foster parents reported how the lack of relief services took an emotional toll, causing burnout and a desire to discontinue their services. The Canadian literature has focused on how relief is necessary to prevent a crisis with those who have challenging behaviours. Daniel (2011) reported that it is unrealistic for child welfare agencies to not respond to a FP crisis with relief when dealing with challenging FASD and ADHD behaviours (p. 914).

Financial support from child welfare agencies impacts disruptions through poor FP retention. Brown and Bednar (2006) reported that Canadian foster parents would cease their services when agency promises to support CIC are not always met, not paid on time, or had ceased paying for something historically paid for. Researchers have studied the effects of financial reimbursement processes on placement stability. Brown (2008) reported that placement

stability is associated to timely financial reimbursement for approved purchases and available resources for CIC to participate in recreational activities (p. 549). Geiger et al. (2013) noted that the demeaning treatment by agency staff of foster parents who request clothing funds for CIC makes them want to cease their services.

Foster parents sometimes utilize their personal income to pay for the needs of the children in their care. Geiger et al. (2013) noted that some foster parents currently utilize their personal savings to benefit CIC. Researchers reported how income affects placement stability. Cox et al. (as cited in Brown, 2008) reported that family income of foster parents significantly impacts the willingness to provide care to those children with behavioural problems (p. 540). The BC social policy that dictates the financial disbursements to foster parents may be a reason why some foster parent's resort to utilizing their personal income to care for children in state care. MCFD (n.d.-c) reported that a BC Level 1 foster parent receives a base payment of \$909.95 a month for those CIC over the age of 12 and a *service payment* of \$458.02 a month. The base payment is to cover all the monthly costs for a youth in care's monthly expenses (para. 1). The service payment is the foster parent's income of only \$15.26/day (\$458/30 days), and the last increase in this payment occurred in 2009. MCFD (n.d.-b) reported that the foster parent payment structure has not been updated since April 2009 (para. 1).

**Social worker and foster parent relationships.** A review of the Canadian literature indicated that relationship investment between the social worker and the FP reduces disruptions. Increasing monthly social worker contact with foster parents creates a supportive relationship with deeper understanding and appreciation for the daily challenges of caring for FASD children, thus reducing disruptions (Pelech et al., 2013, p. 125). Kalland and Sinkkonen (as cited in Oosterman et al., 2007) reported that little contact between social workers and the foster parents

contributes to disruptions. Rock et al. (2015) reported that disruptions increase when social workers are unsupportive, overly interfering, and when they have excluded foster parents from a child's planning. Furthermore, poor team work may lead to disruptions and retention of FP services. Geiger et al. (2013) reported that foster parents' views and input are necessary in the planning of CIC support services; otherwise, foster parents feel helpless and may terminate their services causing disruptions.

**Social worker and child in care relationships.** Positive relationship practices need to be practiced between the social workers and CIC to prevent disruptions. Rock et al. (2015) reported that a social worker who is consistent, strong, empowers CIC to have input in their placement options, and has frequent contact with them improves their relationship and thus the placement stability of the CIC. However, researchers have examined the quality of the relationship rather than the amount of contact. Koob and Love (2010) noted that placement disruptions are correlated to poor social worker relationships with CIC. Thus, learning how to develop a positive relationship is of importance and worthy of research. Fewer disruptions occur when social workers build relationships with CIC by utilizing empathy and trust and by providing timely answers (Soldevila, Peregrino, Oriol, & Filella, 2013, p. 287). In a qualitative study, Skoog, Khoo, and Nygren (2015) reported that relationships are built by demonstrating closeness, respect, and genuine care beyond regular work duties. Pelech et al. (2013) reported that deeper relationships and understanding for the social worker's role was achieved through greater contact with CIC, thus reducing disruptions. However, deeper relationships require the continuity of a relationship and worker. Rock et al. (2015) reported a significant association with disruptions of CIC and social worker turnover. Social worker turnover is a risk factor in disruptions. Eggertsen

(2008) reported that as social worker turnover increased, so did disruptions by 150% (pp. 82–83).

**Foster parent training.** Foster parent training and experience affects placement stability and disruptions. Furthermore, caregiver experience creates placement stability of CIC. O’Neill et al. (2012) reported that caregiver experience is statistically significant in creating placement stability. However, experience may equate to specialized skills that BC foster parents have requested. MCFD and the Federation of Community Social Workers (2012) reported that foster parents request training that includes mentorship, a practicum opportunity, and specialized skills training on how to manage: trauma, mental health, abuse, and alcohol and drug misuse. However, current BC training follows a knowledge model and not skills based training.

As stated earlier, BC foster parents have requested skills based training; however, there is only knowledge based training available for foster parents. MCFD (n.d.-a) reported that FP training is a “standardized education [knowledge] program designed to build on the [current] skills and experience caregivers bring to their role, as well as knowledge to support their ongoing training and development” (para. 1). The last step of knowledge-based training requires testing at the conclusion of training. Grinnell, Gabor, and Unrau (2012) reported that an objective of knowledge-based programs is “to increase the client’s knowledge in some specific area” (p. 62); however, outcome evaluation for knowledge based training requires testing the applicant. Outcome evaluation is the last step and is omitted in BC; furthermore, the FP training is both outdated and not enforceable despite being mandatory. MCFD (2014) reported that the FP training has not been updated since 2002.

Skills training based on positive reinforcement can reduce behavioural problems and disruptions. The training of caregiver(s) in positive reinforcement strengthens both placement

stability and the emotional well-being of the child (Price, Chamberlain, Landsverk, & Reid, 2009, pp. 236–237). In my experience, foster parents want skills training in how to care for those who have ADHD, autism, emotional problems, behavioural problems, and developmental disabilities like FASD. Redding et al. (as cited in Whenan, Oxlad, & Lushington, 2009) noted fewer disruptions when training focuses on parenting techniques, empathy, coping skills, and understanding the meaning behind the behaviour (p. 759). However, disruptions are still occurring despite the skills training of foster parents in behavioural management.

### **Comments on the Literature**

The intent of this literature review was four-fold: (a) to identify the factors associated with placement stability and instability of CIC; (b) to identify how dyadic relationships between the foster parents, CIC, social workers, and child welfare agencies impact placement stability; (c) to identify the impact that child welfare agencies have on stability; and (d) to identify any other themes not considered.

The literature review's theoretical underpinnings stem from Bronfenbrenner's bio-ecological theory. Bronfenbrenner (as cited in O'Neill et al., 2012, p. 1252) reported that ecological theory must examine the microsystems. However, under the first theme of the literature, the personal characteristics of the FP, CIC, and social worker were examined. The processes and microsystems belonging to the dyadic interpersonal relationships between the foster parents, CIC, and social worker were examined under this theory. Bronfenbrenner (1979) defended how researches need to examine the "second order effects" (p. 15), or how the processes and relationships within the dyad (i.e., the FP and CIC) are within a larger macrosystem (i.e., foster care system) and how this system influences the processes within the

dyad. Finally, in this literature review, I have examined the macrosystems of the child welfare agencies and how this system influences the other microsystems and their relationships.

The literature review has guided the reader on two different journeys of knowledge. The first was an ecological journey, starting with the simplistic ecological factors or characteristics of people that influence disruptions. However, these ecological factors are usually not sufficient to create disruptions without their relationships being environmentally influenced by the microsystems or the dyadic relationships forged between the CIC, foster parents, birth parents, and the foster home environment. These dyadic relationships (i.e., microsystems) can be either symbiotic or negative; however, they are sheathed by the macrosystems of the child welfare agency's policies, practices, and representatives. Thus, placement stability is vulnerably dependent upon the macrosystems.

The second journey is the evolution of placement stability research. Specifically, there has been a progression away from demonization of personal characteristics of CIC or foster parents to the modern examination of the power imbalances and influences of the macrosystems on the microsystems. However, more studies are emerging and are required to examine these power imbalances and the quality of the relationships between these two systems.

**Gap analysis of the research literature.** I have discussed the risks and protective factors associated with disruptions and placement stability of CIC; however, there was no content on Canadian Aboriginal children. There was an absence of Canadian literature representing the optimal foster parenting practices with the overrepresented Aboriginal children in the child welfare system. Additionally, there was an absence of how positive relationships are developed and maintained with Aboriginal children. Despite youth being at the greatest risk for disruptions, no studies focused on parenting practices that improve the placement stability of either

Aboriginal or non-Aboriginal youth. It is important to identify parenting practices that create the placement stability of these youth, as there may be unknown cultural nuances that can assist in caregiver parenting practices that could produce placement stability. This research study reduces those gaps.

Several Canadian studies did not distinguish if those foster parents interviewed had Aboriginal or non-Aboriginal CIC (Brown, 2008; Leschied et al., 2014; Pelech et al., 2013). Furthermore, these studies did not centre on the parenting practices and relationships between the foster parents and children, but rather on FP retention concerns and the need for improved child welfare practices. Although the foster parents' voices were reported, the social workers' and children's were absent.

A review of the methodology employed in these studies revealed a healthy balance of methodologies. A healthy balance of both quantitative and qualitative methodologies with both short and longitudinal research was examined. The participants' ethnicities in the studies were a mixture of Canadian, American, Swedish, Norwegian, and European decent. No Aboriginal foster parents were identified in the literature.

### **Primary Research Question**

On the Certificate of Human Research Ethics Board Approval (see Appendix B), this research study was titled as: *Effective Intervention and Attachment Strategies Utilized by Canadian BC Foster Parents with Aboriginal Children and Youth in Foster Care*. However, the central research question was: What positive foster parenting practices, relationships, and supports underpin the placement stability of Canadian Aboriginal youth in care? A related question was: What supports and services do BC foster parents find useful to strengthen the placement stability of Aboriginal youth in care?

**Who can Use this Study**

This study has many potential applications by first reducing the Canadian gaps in the literature on what foster parenting practices are aligned with the placement stability of Aboriginal youth in care. These research data may assist child welfare agencies in amending their foster parent training to incorporate the practices recommended, which are aligned with the placement stability of Aboriginal youth in care. Additionally, practices that increase placement stability with high-risk youth, and who are the most susceptible to disruptions, is also discussed. This study may assist in how to specifically improve the relationships between foster parents, social workers, and CIC, which could reduce FP stress and increase FP retention.



### **III. Theoretical Framework**

#### **Theoretical Assumptions**

I reflected on my personal experience as a FP and resource social worker in laying the theoretical foundations for this research. For example, there were multiple systems, processes, and relationships that the foster parent and CIC were involved in that affected placement stability. These systems and processes directly and indirectly impacted the relationships between the birth parent, foster parent, social worker, children in care, and child welfare agency and, ultimately, placement stability.

This research study is underpinned by reflexivity and three theories that assist in understanding the complexity of creating placement stability of Aboriginal youth in care. Attachment theory was utilized to hypothesize how a positive nurturing relationship between the foster parents and CIC is a success factor for placement stability. As well, the author drew upon the bio-ecological theory to hypothesize how the microsystems and processes that affect the relationship between the foster parent and CIC influence placement stability. These two theories laid the conceptual and philosophical foundation for this study. These two theories may provide a possible framework for future research as well as child welfare policies and practices, designed to improve placement stability of CIC.

#### **Reflexivity**

The gaps in the literature and anti-oppressive practice dictate the need for new Canadian research to include reflexivity. Malterud (2001) report that reflexivity is how a researcher's background and social position affect their research topic, formulation of questions, the investigative methods utilized, and how the findings and conclusions are framed (pp. 483–484). However, Moore (2012) reported reflexivity is usually limited to the interrogation of one's own

presumptions, which often ignorantly end at reciting the researcher's personal characteristics to the researcher's social location within white privilege (pp. 614–615). When I first started my literature review research, I had ignorantly limited myself to examining my personal biases and social location. Given that I am a Métis person, social worker, and have been an 8-year veteran FP who had achieved placement stability with CIC, I felt my good intentions to help foster parents would prevent any oppressive research or harm. However, I soon realized that my examination of the power dynamics at the personal level was oppressive without an examination to disentangle the power relationships that existed at the structural level of the child welfare system.

Examination of the power imbalances at the structural level of the child welfare agencies is necessary. Sakamoto and Pitner (2005) reported that critically challenging the power dynamics between the service providers (i.e., MCFD and foster parents) and those service users who are on the receiving end of the power or services (i.e., foster parents and CIC) is necessary to disentangle the power relationships at the structural level (p. 435). In BC, research exploration of the underpinning power relationships between these parties is necessary so as to improve the supports to both the foster parents and the placement stability of Aboriginal children in care. Currently, there is little research on how power imbalances, which are a by-product of macrosystems, influence placement stability of Canadian Aboriginal CIC.

### **Bio-Ecological Theory**

The bio-ecological theory underpinned this research study. The literature review illustrated how research of this topic has progressed from demonizing the individual characteristics of a person to examination of the relationships or microsystems that exist between the foster parent, CIC, and social workers. Furthermore, this theory seeks to understand how the

macrosystem (i.e., child welfare agency) influences the dyadic relationships between the foster parent and CIC, which, in turn, affect placement stability. Bronfenbrenner (1979) contended that the bio-ecological theory is helpful to researchers and practitioners because it leads to an analysis of different processes within systems and involves measuring how these processes and systems are influenced by multiple micro- and macrosystems.

Bio-ecological theory includes focus on the dyadic relationship between the foster parent and CIC. Bronfenbrenner (as cited in O'Neill et al., 2012, p. 1252) contended that ecological theory must examine the microsystems of the CIC, including the foster home and FP. This research examined the attachment and parenting process utilized by the FP to build a strong personal relationship between the FP and CIC. This study also examined how other microsystems influence the stability of CIC.

The bio-ecological theory assisted the researcher, as it explains how microsystems are affected by larger systems such as the child welfare system. Bronfenbrenner (1979) contended that researchers should consider how the processes and relationships within a dyad (i.e., foster parent and CIC) are within a larger system (i.e., child welfare system) and how that larger system influences the processes within the dyad. Bronfenbrenner referred to relationship as the “second-order effects” (p. 15). This study described the dyadic relationships and second-order effects between foster parents, CIC, social workers, and child welfare agencies.

### **Social Learning Theory**

Foster parents desire more behavioural intervention training to create placement stability of CIC. Some behavioural intervention training for foster parents has its roots in the social learning theory. Bandura (1971) contended that social learning theory entails patterns of behaviour that can be learned through direct experience or by watching others in the

environment; however, the reward, punishment, and/or intensity of reinforcement can directly influence the level of commitment that one may have to embrace, discard, or change behaviour. This theory calls for the use of positive reinforcement and parenting methods to achieve desirable behaviour, thus improving placement stability. Price et al. (2009) contended that the focus is on positive reinforcement, consistent use of non-harsh discipline methods, avoiding power struggles, teaching the parents the importance of monitoring of peers, and improving school performance.

This study asked what type of training is desired by foster parents to reduce behavioural problems with CIC so as to increase placement stability. Social learning theory underpins some FP training courses that have been found to be the most successful in reducing disruptive behaviours of CIC. For example, Multi-Dimensional Treatment Foster Care's program is based on social learning by providing four positive interactions for every one correction thus reducing disruptions (Leve, Fisher, & Chamberlain, 2009, p. 1879).

It was hypothesized that foster parents in this study would request behavioural intervention training. Foster parents in this study were asked what type of training has assisted in placement stability and what type of training they would like to learn. Additionally, the type of role modeling the foster parents provide to CIC that has assisted in creating placement stability was examined in this study. The primary source of the social learning processes is experiences in the parent-child and family relationship, where these social learning processes occur and are pivotal in formulating a child's strategies for emotional stability and conflict resolution, which are necessary to prevent disruptions (O'Connor, Matias, Futh, Tantam, & Scott, 2013, p. 359).

**Attachment Theory**

Bowlby (1988) contended that attachment theory is how a person needs to maintain a sense of maternal security (i.e., attachment) and internal homeostasis. Furthermore, one can maintain homeostasis by knowing that if their security or needs are threatened, they will have immediate access to a caregiver or someone whom that they can depend on in their life for support; the attachment environment is maintained through behavioural means of close proximity between two people. I have built attachment with CIC through spending daily time together, attending to their emotional and basic needs, assisting with tasks (e.g., homework), asking for input, showing support and positive praise, allowing friends of CIC to sleep over, and encouraging a child's personalization of their bedroom and our home. A significant negative correlation was found in FP attachment practices and CIC disruptions (Leathers, 2006, p. 317).

Attachment with the FP may develop over a long period of time. Koob and Love (2010) noted that over time, CIC will more likely stabilize by forming secure attaching relationships. Some have noted that attachment and abandonment are a common denominator amongst CIC. In fact, "This is the story of every youth in foster care . . . primary abandonment from the mother-father figures of pro-creation. This leaves huge emotional and relational scars. Placement stability is really a story about attachment and abandonment" (G. Paddock, personal communication December 13, 2014).

**Existing Relationships**

Reflexivity, bio-ecological theory, social learning theory, and attachment theory complemented each other in this study. The use of positive reinforcement and/or praise is a strategy within social learning theory and attachment theory to develop both positive behaviour and positive relationships, thus preventing prevent disruptions. However, the bio-ecological

theory suggests that building a positive attachment is possible if the FP and child in care's relationship are not negatively influenced by the outside influences of the child welfare system, peers or birth family.

#### **IV. Design and Methodology**

##### **Design**

This research study used a qualitative, exploratory, and descriptive design. The use of personal interviews with the foster parents allowed the research to place the resulting data in a meaningful context. Understanding the context of the success factors associated with placement stability is crucial to prevent inaccurate reporting. This design had the further potential to provide rich data by learning of other possible unknown themes the author had not considered. This research design utilized an exploratory design to seek understanding and more information on a Canadian topic absent in the literature. Yegidis, Weinbach, and Meyers (2012) reported that exploratory research is utilized when there is limited information on an identified problem and a need to learn more about the problem. There were no Canadian research studies on the foster parenting practices that were success factors in the placement stability of Aboriginal youth in care. The research design was descriptive, in that it furnished data that allowed the author to describe the experiences of participants. A qualitative question form titled “Qualitative Questions for Study” was utilized with all interviewees (see Appendix C).

##### **Sampling and Participants**

Five veteran foster parents volunteered from the service provider, Plea Community Service’s specialized residential U-Turn program. Plea Community Service (Plea) is a non-profit society that provides residential family care services to youth in care who exhibit high risk behaviours. Participants had between two and 18 years of FP experience, were English speaking, were currently fostering Aboriginal youth, and were known for having placement stability with their CIC.

**Ethics**

The author applied for ethics approval from the University of the Fraser Valley's Human Research Ethics Board and a certificate was granted on March 26, 2015 (see Appendix B).

Ethical considerations included where the interview was to be conducted to protect the privacy of the CIC. Ethical considerations included not conducting an interview with an FP whose CIC was affiliated with the same Aboriginal child welfare agency as the author.

**Procedures**

Potential participants who met the inclusion criteria were identified by a Plea manager, who had an administration worker email them a pre-written email script (see Appendix D). When the researcher was contacted by the participants, participants were given the opportunity to choose a time and location for the interview. Upon meeting the participant, the researcher read and discussed the consent form with them (see Appendix E). Participants were informed they could withdraw at any time, and their written or verbal consent was obtained. If only verbal consent was obtained, the words "verbal consent given" were written on the signature space of the consent form. An extra copy of the consent letter was given to the participant for both his/her personal record and so she/he would have the opportunity to contact the University of the Fraser Valley's Research, Engagement, and Graduate Studies division if they had any concerns. The consent letter also listed three foster parent support resources in case a participant encountered a stressful situation that may require counselling. No identifying information was collected. Each interview took between one and two hours, as participants were debriefed at the end of the interview and were given the opportunity to ask questions. No caregiver became visibly upset or emotional during the interview.



**Data Collection**

The written data were stored in a locked file cabinet in the locked personal office of the researcher. All computer research data were stored within an electronic folder, on a specific password-protected laptop computer that only the researcher had access to. The laptop was stored in the locked personal office of the researcher. Raw data (i.e., interviews) were coded into the three themes found within the literature review, consisting of (a) characteristics of foster parents and youth in care, (b) relationships between CIC and foster parents, (c) agency relationships, as well as (d) any other unknown theme. The original written notes will be shredded at the end of the MSW program in May 2016.

**Limitations**

Limitations included time and the fact that no interviews were conducted with CIC or their social workers. Another limitation was that the researcher was not allowed access to the foster parent or children's personal files. This information may have highlighted the frequency of disruptions and the average number of placements in each home and provided other unknown themes explaining stability or disruptions. The foster parents who participated were deemed by the child welfare agency as having placement stability. However, this was a limitation, as a random sample of participants may have revealed other unknown relationships, macrosystems or power imbalances that may influence placement stability. The participant size was a limitation; however, the reported feedback from participants was consistent with the literature review. This study only examined the success factors associated with these foster parents. The challenging relationship factors between the FP and youth-in-care were not examined thoroughly as would be needed to make any generalizations.

## **V. Findings**

A unique finding in this study was the dual role of the residential services coordinator (RSC). The RSC operates similarly as a resources social worker in that they support the foster parent. However, the RSC can assist in the mitigation of conflict between the FP and CIC. Participants reported that the RSC had a significant impact on placement stability. According to MCFD (1997), in BC, the resource social worker provides supports directly to the FP, and the child in care's social worker provides supports directly to each CIC (p. 6). It is considered best practice that no resource social worker should cross into the role of the other social worker, and definitely, neither should speak with the other person's client without the other social worker's consent or presence (H. Anderson, personal communication, April 6, 2016). This provincial practice makes conflict resolution between the FP and CIC challenging, as a social worker will not have an established relationship with the other's client. However, the RSC role is unique, as he or she brokers supports and services for both the CIC and FP, thus building a positive supportive and trusting relationship with both (A. Rivard, personal communication, April 18, 2016). In doing this, the RSC is more likely to be successful at mitigating conflict between the two parties, thus reducing the likelihood of disruptions.

Participants reported that various methods were used to reduce escalating behaviours of youth, including validation, empathy, communication, redirection, and nonverbal communication, to de-escalate aggressive behaviours (see Table 1). Empathy and validating a youth's anger were the most common. Communicating in both an age and developmentally appropriate manner were reported. Utilizing redirection skills such as asking the youth to go for a walk together was shared. Nonverbal practices were identified, such as lowering one's tone of

voice and mindfulness of one's facial expressions, as FASD youth were reportedly hypersensitive to some facial expressions.

Table 1.

*Foster Parent Practices That Reduce Behaviour and Mental Health Risk Factors of Youth in Care*

Risk Factors	Practices	Foster Parent Quotation Examples of Practices
Behaviour	Validation	"I see your upset, want to talk", "your angry, I'm here for you", "you have a right to be angry"
	Empathy	"don't pack it in afterwards, it's growth for everyone", "they have a right to be angry" "their experiences are different"
	Communication	"we don't play those games here", "use soft tones",
	Redirection	"want to go for a coffee", "use humor", "redirect or change the topic"
	Nonverbal	"look at the child's eyes" "physically backing up", "sit don't stand", "don't show fear in your face" providing physical space
Mental Health	Communication	"how can I help you", "you are safe", "you look pretty"
	Environment	"reducing the stimuli", "remove any unwanted stimuli"
	Attachment	"consistency", "do soothing activities", "build attachment, nurturing"
	Empathy	"recognize they have low self-esteem", "it's a long term process"
	Empowerment	"creating empowerment opportunities like cooking"

Participants were asked what practices they utilized to support youth in care struggling with mental health challenges. They identified support, safety, and compliments. Complimenting a youth's attire or intelligent decisions was common. Modifying the home environment to reduce

auditory or visual stimuli to reduce anxiety was reported. The practice of being flexible, having fewer expectations, nurturing to build attachment, and having parental consistency to reduce a youth's anxiety was reported. Other practices included creating opportunities to empower a youth, which was coupled with positive feedback. The reported practices to address mental health risks included communication, modifying the home environment, attachment, empathy, and empowerment (see Table 1).

Participants reported various forms of positive communication to support or encourage youth in care. They utilized non-verbal communication through their role modeling of a positive attitude. One participant reported that creating environmental safety through consistent safe and open communication is important for stability. The participant verbalized positive communication when youth completed tasks and made healthy choices. Foster parents demonstrated insight by asking youth to assist them with a task that they knew the youth wished to do, but who was paralyzed with fear of failure. Some noted the importance of communicating to the youth their strengths rather than their mistakes.

Interviewees reported that a youth's mistake was an opportunity for the youth to self-reflect and grow by asking how the youth could have done the task differently. Furthermore, some participants provided verbal reassurance to reduce youths' feelings of embarrassment or internalization of failure (see Table 2). However, one participant with more than 10 years of experience exclusively with FASD youth shared how some learn through repetition, longitudinally, in stages, requiring multiple inputs from various sources, and not in a formal conversation.

Child-centred examples were provided by foster parents who described their motivations, pride, joy, and role as a foster parent (see Table 2). Fewer expectations and honesty were

reported as success factors in placement stability of youth in care. Four participants shifted their unrealistic expectations of a youth's non-dangerous behaviours, which resulted in acceptance and less conflict. Two participants reported that an honest caregiver lifestyle underpins a trusting relationship with youth.

Table 2.

*Child-Centred Meaning behind a Foster Parent's Statements*

Characteristic/ Attitude	Theme	Foster Parent Quotation Examples
Support	Communication	"thank-you", "you're good at that", "just do it",
	Encouragement	"that was good", "it's about you not me", "pats on the back", "putting up positive phrases"
	Personal growth	"that was harder than we thought", "how could I have helped you"
Child centred	Motivation	"preventing someone from falling through cracks", "breaking negative cycles", "helping others"
	Pride and joy	"connecting with youth", "opening up", "doing better in school", "resolving fears", "learning to trust", "consoling"  "knowing they are happy makes me happy"  "youth graduating", "reduced harmful behaviours", "accomplishing their goals", "begging to trust"
	Defining their role	"the journey is the goal", "it's a lifestyle not a job"

Participants made a variety of suggestions for creating placement stability of Aboriginal youth in care (see Table 3). They emphasized the importance of creating a safe environment for open communication and being emotionally and physically available to youth. Additionally, they emphasized that having good parental boundaries was an important parenting practice. Some

participants reported the importance of not competing with a youth's birth family, but rather underscored the need to provide emotional and physical availability as well as the opportunity for youth to define the foster parent's involvement.

Table 3.

*Foster Parents Reporting Themes that Support Placement Stability and Relationships of Youth*

Topic	Theme	Foster Parent Quotation Examples
Placement stability	Supporting youth	"listening", "validation", "supportive skills", "not pry into their emotions"
Relationship building	Personalization	"personalizing with new linens, paint, and pictures"
	Respecting choices	"bedrooms painted black or just a mattress on the floor"
	Inclusion	"family events", "vacations", "outings"
	Showing interest	"respecting their favorite foods", "talking to them about their favorite topics", "supporting them outside activities"
	Trust	"always keep your word", "never lie", "follow through"

Most participants emphasized the importance of building a nurturing relationship with youth in care. They identified building nurturing relationships through: personalization, choices, inclusion, and genuine interest (see Table 3). Most participants personalized a youth's bedroom thus providing them with the power and respect of individual choices. The building of relationships through inclusion to create belongingness and equality was a common theme. All interviewees emphasized the mandatory practice of, and their genuine interest in, spending time with youth. A theme identified in this study by participants was building trust to improve placement stability of youth (see Table 3). One interviewee reported that having other youth in the home improved the

placement stability with newly placed youth as the new youth would have someone to relate with and could learn from the other youth about the foster parents skills and positive parenting practices.

All participants discussed the importance of building positive relationships between the child welfare agency, foster parent, and youth in care. One interviewee reported that “social workers do not invest in building a relationship and they need to” (Participant 15). Examples of practices that fostered relationships between CIC and social workers to increase placement stability were discussed (see Table 4). Foster parents suggested stability can be improved through better communication, support, empathy, problem solving, and more (see Table 4). However, the most challenging part of their role was not feeling appreciated for their efforts, as: “It’s a lifestyle, your whole life is impacted” (Participant 15), and they provided many examples of the sacrifices they endure (see Table 4).

Table 4.

*Social Workers can Build Relationships with Youth in Care and Foster Parents*

Topic	Relationship	Foster Parent Quotation Examples
Relationship building	Social worker and CIC	“build rapport”, “monthly contact”, “spend time on phone”
Relationships	Social worker and CIC	“open and supportive communication” “meet for lunch”, “pickup from school”, “don’t take comments personally”
Relationships	Social worker and FP	“supporting the foster parent’s plans”, “attending the home when requested”, “returning phone calls”, “open & positive communication”
Foster Parent Sacrifices		“little privacy and few breaks”, “stress”, “exclusion from friends or social events”

**Support services.** Participants shared a number of needed support services to improve placement stability of CIC. Some requested a behavioural specialist a FP could consult with seven days a week, 24 hours a day when experiencing an immediate behavioural crisis that threatened a disruption. One shared how having had a behaviour specialist in his/her home to teach new skills was beneficial and that this service should be provided to other foster parents. Another suggested an emergency relief team that could come to the home when an immediate crisis occurs, to provide care to the children, home, and clean the home. It was mentioned how this service could directly prevent an FP from making an emotional decision to disrupt a placement by allowing parties to temporarily leave the home for mutual self-reflection before reunification. Support services are needed when an FP feels demoralized. One participant discussed the need for reassurance of his/her parenting skills from agencies when a youth in care runs away, as self-doubt starts to enter his/her mind in these situations. Other important supports noted by participants included a supportive spouse, a support group, and positive school relationships.

Participants reported that governmental policy and practices cause placement instability. Foster parents were frustrated with unclear agency policies and practices that further caused unnecessary anxiety for CIC and foster parents. One participant observed that disruptions were caused when agencies did not address a youth's mental health problems. Two participants wanted social workers to broker solutions and consult with foster parents prior to making decisions impacting youth or foster parents. Another reported role demoralization when denied specific financial support for a youth's benefit. Foster parents reported that having trained social workers would be helpful as sometimes the wrong messages are given to CIC causing disruptive



behaviours. For example a social worker telling a CIC that they will get allowance regardless if they do chores or not.

**Foster parent training.** Participants requested specialized skills training by professionally skilled behavioural consultants to improve placement stability (see Table 5). Some reported that general knowledge and policy training were both redundant and the norm; furthermore, this was not helpful when dealing with a behavioural crisis that threatened immediate placement stability. Most reported the importance of receiving any child specific parenting information that was previously used to stabilize a child's behaviours and placement.

Table 5.

*Supports Required by Foster Parents for Placement Stability of Youth in Care*

Topics of Training	Examples of Participant's Statements
Skills	"hands on skills", "what skill to use in that moment", "specific strategies", "relevant skills not knowledge"
Specialized	specific disabilities", "one-to-one coaching in home", "how to work with a with a specific youth and behaviour/disability"
Relevant	"relevant training not same yearly policy topics", "less on policy"
Skilled trainers	"skilled persons giving training", "trainers with clinical experience"
Meditation	"meditative processes", "grounding", "centring", "know your triggers"
Child development	"learning about child development", "brain development"
FASD	"training on FASD", "FASD training"
ADHD	"taking ADHD classes"
Attachment	"Attachment and abandonment workshops", "attachment training"
Anxiety	"activities to reduce anxiety", "learning about anxiety"
Grief and loss	"training on grief and loss of separation from family"
Aboriginal culture	"cultural training", "more information on Aboriginal history/culture"
Sensory	"learning about CIC with sensory challenges", "heavy blankets"
Terminology	"learning terminology to prevent escalation"

## **VI. Implications**

There are implications for practice that underpin the placement stability of BC Aboriginal children in care. Recruitment screening of foster parents should include evidence-based tools that measure an applicant's commitment, empathy, and building of attachment with potential CIC. Foster parents should be provided with specialized hands-on skills training to reduce the behavioural challenges of some CIC. Foster parents may benefit from learning how to build positive reinforcement and communication skills with CIC. There needs to be more frequent contact between the child welfare agencies, CIC, birth family and foster parents, with an emphasis on the quality of the contact—not quantity. Joint training of foster parents with resource social workers would assist in the building of empathy and developing a positive relationship between the two parties.

Foster parents want to feel valued, respected, and included as an equal team member on the decisions of CIC. Having the foster parents invited to various CIC meetings so their input could be utilized would help to achieve the goal of team and professional inclusion and building positive relationships. The ending of the practice by social workers to request a financial budget when foster parents request money for a child related matter would improve FP retention. As suggested by one participant, the creation of an emergency relief or respite team that could attend a foster parent's home after or during a behavioural outburst from a CIC that threatens the future placement stability of the CIC would be beneficial. Having behavioural interventionists who can train and assist an FP in learning the necessary skills that would mitigate any problem behaviours of CIC would be highly beneficial.

## **VII. Conclusion**

The aim of this study was to fill the gap in the Canadian literature by examining what foster parent and relationship-building practices combined with child welfare support services underpin the placement stability of BC Aboriginal youth in care. Secondary questions included what general protective factors and child welfare support services are needed by foster parents to improve placement stability of youth in care.

This study utilized a theoretical framework based on the bio-ecological, social learning, and attachment theories. The literature review and this study reported success factors that are aligned with the bio-ecological theory and underpin placement stability of youth in care. Specifically, the building of positive and supportive relationships between the foster parents, youth in care, and social workers were indicators of placement stability. However, disruptions were likely to occur if the larger child welfare system that sheaths those smaller relationships failed to provide the necessary support services to foster parents.

The foster parents in this study utilized practices that improved relationships and created placement stability. This study noted that all participants practiced positive communication, had flexible or reduced expectations, encouraged their youth, validated a youth's life experiences, maintained boundaries, felt supported by the RSC, and had much personal satisfaction in their role. Crum (2010) reported reduced disruptions when foster parents had high parental support, effective communication, effective limit setting, high satisfaction with parenting, and high parenting alliances or supports. Furthermore, positive relationships were developed and maintained by participants who utilized strong empathy during behavioural crises, provided choices, empowered youth, created family inclusion, understood the importance of birth family connections, and treated youth with respect.

Supports underpinned placement stability when positive relationships were not enough to prevent a disruption of a youth in care. An important finding in this study was the unique professional role of Plea's RSC. This dual supportive role for both the youth in care and the foster parent was crucial for improving placement stability. The RSC was noted as building trust and relationships by spending time with the FP and youth, using supportive communication and empathy, validating one's feelings, asking for input, respecting the foster parent's opinions, and including the foster parent as a team member. The RSC's professional practices were aligned with both the literature review and this study as a protective factor for placement stability.

The requested supports and services that participants needed to create stability included more specialized training. Although the foster parents felt supported by the RSC, they desired the provision of specialized clinical behavioural training services and less administrative or policy training that was not applicable to the most common causes for immediate disruptions. They noted that training in how to work with youth who have FASD, attention deficit hyperactive disorder, attachment disorder, mental health problems, and those who experienced abuse(s) or trauma is needed. In the Vancouver area, such training is offered at CBI Consulting. This organization develops a positive behavioural support profile that focuses on improving one's quality of life and understanding the meaning behind the undesirable behaviour(s). The profile is a tool utilized to teach the client and others unique ways to communicate that are aligned within their personal profile. I have benefited from this training; however, other foster parents and resource social workers may also benefit. Furthermore, child welfare organizations may have less attrition with this brokered training.

The literature review and the participants reported that they wanted an improved relationship and team inclusion with social workers and their agencies. Rock et al. (2015)

reported that foster parents would likely consider ending their services if excluded from a CIC planning meetings or if the social worker and FP relationship broke down.

There are a number of implications for policy and practice. All participants identified the importance of establishing and maintaining nurturing and supportive relationships between the foster parents, CIC, social worker, and the child welfare agency as success factors in placement stability. All professionals engaged with CIC could benefit from policy and training for social workers that focuses on improving the quality of relationships to improve placement stability. This may be accomplished through joint training of foster parents and social workers together. The theoretical framework that guided this research was based on bio-ecological, social learning, and attachment theories. The literature review indicated that placement stability and disruptions of CIC are influenced by more than the individual characteristics of people, but also by the positive dyadic relationships or microsystems created between persons. However, disruptions were still occurring despite a positive symbiotic relationship due to the larger influence of the child welfare system or macrosystems that sheath those smaller systems. These relationship dynamics are underpinned by the bio-ecological theory. In addition, a review of the literature indicated that positive reinforcement practices of foster parents strengthen placement stability.

## VIII. Appendices

### Appendix A: Definitions

<i>Children in care (CIC)</i>	those children 12 years of age or less
<i>Youth in care</i>	those children between the ages of 13 to 19.
<i>Foster care</i>	those children and youth who are 19 years of age or less placed in provincially (state) funded residential care legally separated from their birth parents and or family.
<i>Foster parent or caregiver</i>	a state contracted adult who is providing for the day to day care of a child or youth in care.
<i>Resource</i>	a state contracted residential family home called a <i>resource</i> or commonly known as a <i>foster home</i> where the foster parent(s) provide for a child or youth in care.
<i>Disruptions or placement disruptions</i>	when a CIC who must exit or leave the foster parent's residential home with little or no notice, usually due to a negative reason.
<i>Placement stability</i>	the level of homeostasis that the CIC has within the residential resource or foster home.

**Appendix B: Certificate of Human Research Ethics Board Approval - Amendment**

Contact Person Norman Whitford	Department Social Work	Protocol 752S-15	
Co-investigator(s)  Dr. Leah Douglas; Dr. Robert Harding; Dr. Lisa Moy			
Title of Project Effective Intervention & Attachment Strategies Utilized by Canadian BC Foster Parents with Aboriginal Children & Youth in Foster Care.			
Sponsoring/Funding Agency N/A			
Institution(s) where research will be carried out University of the Fraser Valley; Plea Community Services Society			
Review Date: 27-Mar-15	Amendment Date: 26-Mar15	Original Approval Date: 11-Mar-15	Approval Term: 11-Mar-15 - 10-Mar-16
<p>Certification:</p> <p><i>The protocol describing the above-named project has been reviewed by the UFV Human Research Ethics Board, and the procedures were found to be in compliance with accepted guidelines for ethical research.</i></p> <p style="text-align: center;">[   Signature   ]</p> <p style="text-align: center;">_____ Andrea Hughes, Chair, Human Research Ethics Board</p> <p><i>NOTE: This Certificate of Approval is valid for the above noted term provided there is no change in the procedures or criteria given.</i></p> <p><b><i>If the project will go beyond the approval term noted above, an extension of approval must be requested.</i></b></p> <p>33844 King Rd., Abbotsford, BC V2S 7M8 • Tel: 604-504-7441 • Fax: 604-855-7614 • Toll-free (in Canada): 1-888-504-7441 • <a href="http://www.ufv.ca">www.ufv.ca</a> A B B O T S F O R D • C H I L L I W A C K • M I S S I O N • H O P E • A G A S S I Z • C H A N D I G A R H</p>			

**Appendix C: Qualitative Questions for Study**

Effective Intervention & Attachment Strategies Utilized by Canadian BC Foster Parents

with Aboriginal Children & Youth in Foster Care

**Attachment**

What are your most proudest moments being a caregiver?

What tips can you share to build attachment between your child in your care and the caregiver?

How do you show nurturing?

How have you personalized your home and your child in your care's bedroom?

What's a few of the most important things you can do as a foster parent to build trust, and love with your child in your care?

Have you taken your child in your care on holidays?

**Communication**

What positive reinforcement's phrases do you use with your child in your care?

What phrases do you say to your child in your care to encourage or motivate them?

When a child in your care has failed a task and needs to learn problem solving skills what do you say or do?

What communication phrase works to de-escalate an escalating behaviour?

What do you say or do after your child in your care has a visit and their struggling with their emotions?

**Anxiety**

What tips have you used to help train your child in your care to reduce their anxiety?



What is the most important thing a caregiver can do to create positive mental health of your child in your care?

**Training/Skills**

What training was inspiring for you?

What training do you feel would be most beneficial to other foster parents?

What elements would need to exist to get more caregivers to attend training?

What is the most useful “tool” for caregivers?

What skills are the most helpful with your work with your child in your care?

What helps in making an emotional connection with a child in your care?

**Intrinsic**

What is personally rewarding out of foster parenting?

What are some of your most joyful breakthroughs with your child in your care?

**Supports**

What practices by Social Workers do you find are the most helpful in building a relationship with either you or your child in your care? What helps to create and/or support the placement stability in a caregivers home?

**Disability**

What have you said or how have you helped your child in your care to understand they may have a disability, like FASD?

**Parenting**

When your child in your care makes a negative comment about themselves how have you handled this?

What tips do you have to help a child with low self esteem?

Do you have any rewards program you use at home?

What do you say to your child in your care who is torn between loyalties of both the biological and caregiver families?

What methods do you use rather than discipline of your child in your care?

**General**

Do you have any general tips for caregivers?

What needs to be done differently or provided to caregivers to prevent displacement of children in your care?

Any recommended training that you feel would be most beneficial for caregivers?

Any recommendations to help bring foster parents to training?

What is the hardest part about being a foster parent/caregiver?

**Appendix D: Participant Email Script**

Date

Dear valued caregiver

We are sending you and 29 other caregivers this email as we recognize that you have demonstrated noteworthy skills, “tools”, experiences and training that has had a positive influence on your care-giving of our children in care. In an effort to improve our practices and future training we would like you to consider, confidentially sharing your positive skills, tools, communication methods, and attachment practices that you have found to be the most useful in your caregiving.

A Masters of Social Work research student from University of the Fraser Valley and current foster parent would like to conduct a short 45-60 minute confidential interview to collect what positive practices and skills you use. There will be no identifiable information collected and Plea will not know who does and who does not take part in the interview.

The purpose is to understand what attachment methods, training, positive reinforcement, and skills that successful caregivers use with children in care to support their well being and prevent a placement disruption.

If you would like more information please contact the primary researcher (Rusty Whitford) either by confidential phone at [phone #] or his student email at [email address].

Thank you,

\_\_\_\_\_

**Appendix E: Research Study Consent Form**

Mr. Rusty Whitford  
Department of Social Work  
University of the Fraser Valley  
[address]

**Effective Intervention & Attachment Strategies Utilized by Canadian BC Foster****Parents with Aboriginal Children & Youth in Foster Care****Recruitment**

Dear caregiver, I have been a foster parent for six years, am still a foster parent currently and I am currently enrolled in the Masters of Social Work Degree program at UFV. My personal goal is to share the learning that creates placement stability and the wellbeing of Aboriginal children who are in our care. I am also a Resource Social Worker at Vacfss whose primary role is recruiting those who want to be caregivers/foster parents. My greatest teachers are those children and youth I have cared for over the years.

This study has been reviewed and approved by the UFV Human Research Ethics Board.  
This study has been reviewed and approved by the Plea Research Study Committee.

**Objectives:**

This study is being conducted by Mr. Rusty Whitford a current Masters of Social Work student in the Department of Social Work at the University of the Fraser Valley. Prior research has shown that when foster parents practice attachment and positive reinforcement with children in foster care, that the likelihood of placement stability increases. In this study, we would like to learn what your positive reinforcement practices are, how you have built attachment and what skills, methods, and training have you found to be effective in improving your practice and the wellbeing of children in your care. We want to share and learn from those foster parents who have the experience and practices that are successful. The results of this study may be published in academic journals, incorporated into future foster parent training workshops and/or shared with other organizations who can use this information to improve their care giving practices with BC children in care. The results may be found at the UFV library and/or at the Resources office of Plea.

**Procedures:**

In this study a researcher will visit you in a comfortable location such as your home to ask you a series of questions. The questions are framed from a strength based position and the primary focus is on positive outcomes and methods of your care-giving practice. You choose the method in which the researcher uses to collect your inspirational stories and experiences, either an audio recording or handwritten method. You may be asked, what are the small things you do with a child in care to build attachment? How have you personalized your home for the child?

What tips would you recommend for other foster parents to build attachment? At any time you may end the interview. Following this, the researcher will leave and if you wish a copy of the study you will be given websites with the information where one can be downloaded or mailed to you. If you agree to participate, the researcher will provide you with further instructions. The total time estimated for your participation is 45-60 minutes.

**Potential Harms:**

This study is not expected to result in any foreseeable harm. If at any point you would like to stop, please tell the researcher you would like to stop. You are free to stop or withdraw at any time. You can share as much or as little as you wish. We are looking for your strengths. You may experience some emotions while discussing your experiences. There is a possible risk that any children present may overhear our conversations and we have asked that our conversation occur when there are no children in care present and/or we have our conversation in a location that reduces the risk of others hearing our conversation. If for some reason you should feel the need for a support service after the interview has been completed, there are three foster parent support resources at the bottom of this consent letter.

**Potential Benefits:**

We will provide each participant with a \$15.00-25.00 gift card. The results of this study may directly benefit the well-being of children in care, social service agencies who provide foster care services and future foster parent training workshops. This information may assist the research community as it may help us to better understand what methods are most effective in creating placement stability. This study may reduce the absence of information on positive BC foster parent & care-giving practices with Aboriginal children. This study is a salute to your skills, efforts and care-giving.

**Confidentiality:**

All of the information that you provide is confidential and we will not be collecting any names. If your signature may reveal your name or you feel more comfortable with verbal consent only please advise the researcher. Your interview data will be assigned the same number as your consent form and no other information will be attached to either. Any email received from yourself has been erased already. Any phone call to the researcher is not tracked and the number has not been stored.

Your interview notes, consent form and/or audio tapes will be stored separately in a locked cabinet, in a locked office and on a password protected computer with access only by the researcher. All interview notes will be professionally shredded with a government contractor. All electronic data will be erased upon completion of the research study by May 2016.

You will be provided an extra copy of the consent form with added support resources. All consent forms will be stored with the interview data in a locked file cabinet in a locked office where only the researcher has access to.

**Participation:**

It is expected that this study will take approximately 45-60 minutes of your time. Your participation in this study is voluntary; you may withdraw or stop this study at any time and for

any reason. You can withdraw by contacting Mr. Rusty Whitford at (email address) or notifying the researcher via the phone number at the top. Once you have signed this form, and the researcher has left your home, your data will only be temporarily linked with an interview number on the original notes and there is a short time frame to contact the researcher and have your data withdrawn. Once your data has been coded into the groups of attachment, positive reinforcement, training, culture, behavioural intervention, and communication there is no method to remove the data.

**Study Results:**

If you are interested in learning the results of this study, the report will be available upon completion of the study. Please note that results are analyzed in group form and thus individual results cannot be provided. However, the results of this study will be made available by contacting the Resource Office at Plea, and the UFV library will have a copy.

**Questions:**

Mr. Rusty (Norman) Whitford can be contacted at his private and confidential phone at [phone #] or can be e-mailed at [email address]. I would be happy to answer any questions you may have about the study.

If you have any concerns about the ethics of this study, please contact Dr. Adrienne Chan, Associate Vice-President, Research, Engagement and Graduate Studies, at [phone #] or [email address]. The ethics of this research study have been reviewed and approved by the UFV Research Ethics Board.

### Consent

By signing below I agree to participate in this study titled “**Effective Intervention & Attachment Strategies Utilized by Canadian BC Foster Parents with Aboriginal Children & Youth in Foster Care.**”

I have read the information presented in the letter of informed consent being conducted by Mr. Rusty Whitford at the University of the Fraser Valley. I have had opportunity to ask questions about my involvement in this study, and to receive any additional details.

I understand that I have the right to withdraw from this study at any time and that confidentiality of all results will be preserved. I understand that any questions about this research may be brought to Mr. Rusty (Norman) Whitford [email address]. I understand that any concerns regarding the *ethics* of this research may be brought to Adrienne Chan, AVP of Research, Engagement and Graduate Studies [phone # or email address].

Number of participant \_\_\_\_\_

Signature of participant or Verbal Consent \_\_\_\_\_

Consent to audio taping interview rather than written ☐

Date \_\_\_\_\_

Once signed, a copy of this consent form will be provided to you.

**Caregiver/Foster Parent Support Services:** Federation of Aboriginal Foster Parents, Vancouver (604) 291-7091

**BCFFPA Fosterline Support:** Support and information for Foster Parents is available Monday through Friday from 8:30AM to 4:00PM by calling our support line number at [phone #].

After hours or on weekends and holidays, Foster Parent Support is provided by the **Provincial Foster Parent Support Line** toll-free at [phone #], Monday to Friday from 4:00 pm to 12:45 am, and on weekends and statutory holidays from 8:00 am to 12:45 am.

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